

## PART B - FEE(S) TRANSMITTAL

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26822 7590 08/17/2004

WALTER A. HACKLER  
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 NEWPORT BEACH, CA 92660-0755

09/01/2004 EABUBAK2 00000057 10692945

01 FC:1501 1330.00 OP  
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WALTER A. HACKLER (Depositor's name)  
 (Signature)  
 AUGUST 26, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/692,945	10/24/2003	Kenneth E. Kadziauskas	3114	2121

TITLE OF INVENTION: METHOD FOR CONTROLLING FLUID FLOW TO AND FROM AN EYE DURING OPHTHALMIC SURGERY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, CAMTU TRAN	3743	604-035000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 WALTER A. HACKLER  
 2 PETER J. GLUCK  
 3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ADVANCED MEDICAL OPTICS

SANTA ANA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0114 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

AUGUST 26, 2004

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)**  
**(37 C.F.R. 1.311)**

Docket No.  
**3114**

Applicant(s): **KENNETH E. KADZIAUSKAS and MARK S. COLE**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/692,945	10/24/2003	NGUYEN, CAMTU TRAN	26822	3743	2121

Invention: **METHOD FOR CONTROLLING FLUID FLOW TO AND FROM AN EYE DURING OPHTHALMIC**

**Mail Stop Issue Fee**  
**COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 1330.00    ☐ Design Fee: \_\_\_\_\_    ☐ Plant Fee: \_\_\_\_\_
- ☒ Publication Fee: \$ 300.00
- ☒ A check in the amount of \$1,630.00 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 08-0114 as described below.
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*Signature*

Dated: **AUGUST 26, 2004**

**WALTER A. HACKLER, Ph.D.**  
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**FAX: (949) 752-1925**

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**WALTER A. HACKLER**

*Typed or Printed Name of Person Mailing Correspondence*